

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Petition for Examination
or Assessment**

Name

Date of Birth

Case No. _____

I request that:

1. The court order a(n):

- ☐ physical examination ☐ mental examination
☐ psychological examination ☐ alcohol or other drug assessment
☐ developmental examination

of the

- ☐ child/juvenile.
☐ parent(s): _____
☐ guardian: _____
☐ legal custodian: _____

2. This examination/assessment should be ☐ outpatient ☐ inpatient (*chapter 938 only*) and should be conducted by:

- ☐ a physician: _____
☐ a psychiatrist: _____
☐ a licensed psychologist: _____
☐ another expert (with a master's degree in social work or another related field of child development): _____
☐ an approved treatment facility for alcohol and other drug abuse: _____

3. This examination/assessment should evaluate the following:

- ☐ physical condition ☐ mental condition
☐ mental competency to proceed ☐ developmental condition
☐ psychological status ☐ ability of the parents to care for the child/juvenile
☐ alcohol or other drug abuse dependency
☐ whether the juvenile at the time of commission of the alleged delinquent act was not responsible by reason of mental disease or defect
☐ the appropriateness of medication, including psychotropic medications
☐ other: _____

4. This evaluation should be done because:

5. The expenses of this examination be paid by:

- ☐ the parents, guardian or legal custodian: _____
☐ insurance company of child/juvenile/parents/guardian/legal custodian: _____
☐ the county.

Distribution:

1. Original - Court
2. Child/Juvenile/Attorney
3. Parents

Signature of Petitioner

Name Printed or Typed

Date